

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

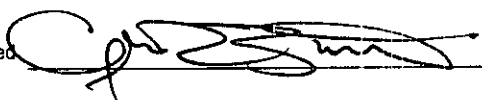
1. File Number U - <u>10662</u>	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Aldo R Zambetti P.O. Box, Bldg., Room No., if any Street 1301 South Columbus Blvd. City Philadelphia State Pennsylvania ZIP Code + 4 19147	4. Name, file number, and address of labor organization. Name Sheet Metal Workers IA Local #19 Labor Organization File Number 013-066 P.O. Box, Building and Room Number, if any Street 1301 South Columbus Blvd City Philadelphia State Pennsylvania ZIP Code + 4 19147
5. Position in labor organization. Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed 

On 04/30/06

Date

215-952-1999

Telephone Number

Name of Person Filing Aldo Zambetti	File Number U-
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<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Sheet Metal Workers LU #19 JATF</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1301 South Columbus Blvd.</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19147</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Salary 2005</p>
	<p>11.b. Approximate dollar value of such dealing. \$93,024</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

Name of Person Filing Aldo Zambetti

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Sheet Metal Workers LU #19 JATF</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1301 South Columbus Blvd.</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19147</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>2005 Regional Contest Lodging Expense Reimbursement</p>
	<p>11.b. Approximate dollar value of such dealing. \$596</p>
	<p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

Name of Person Filing Aldo Zambetti

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Sheet Metal Workers LU #19 JATC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1301 South Columbus Blvd.

City Philadelphia

State Pennsylvania ZIP Code + 4 19147

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Advanced Training 2005 7/17/05-7/24/05
Expense Reimbursement

11.b. Approximate dollar value of such dealing.

\$400

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Aldo Zambetti

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any). Name Sheet Metal Workers LU #19 JATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1301 South Columbus Blvd. City Philadelphia State Pennsylvania ZIP Code + 4 19147	9. Business deals with: <input checked="checked" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Benefits Package 2005
	11.b. Approximate dollar value of such dealing. \$47,423
	12.a. Nature of interest held or income received. 12.b. Amount.

Part B Continuation Page

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8. Name and address of Business (including trade name, if any). Name International Training Institute for the She Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 240 Street 601 N. Fairfax St. City Alexandria State Virginia ZIP Code + 4 22314	9. Business deals with: <input checked="checked" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Advanced Training 2005 7/17/05-7/24/05 Travel Lodging Expense Reimbursement
	11.b. Approximate dollar value of such dealing. \$1,468
	12.a. Nature of interest held or income received. 12.b. Amount.

Name of Person Filing Aldo Zambetti

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Sheet Metal Workers LU #19 Benefit Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1301 South Columbus Blvd.</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19147</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Spouse Salary 2005</p> <p>12.b. Amount. \$42,944</p>

Name of Person Filing Aldo Zambetti	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Sheet Metal Workers LU #19 Benefit Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1301 South Columbus Blvd.</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19147</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Spouse Benefit Package 2005</p> <p>12.b. Amount. \$33,003</p>

Name of Person Filing Aldo Zambetti

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Sheet Metal Workers LU #19 JATF</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1301 South Columbus Blvd.</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19147</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Service Instructor Training 2005 4/3/05-4/22/05 Expense Reimbursement</p>
	<p>11.b. Approximate dollar value of such dealing. \$500</p>
	<p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name International Training Institute for the She

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 240

Street 601 N. Fairfax St.

City Alexandria

State Virginia ZIP Code + 4 22314

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Service Instructor Training 2005 4/13/05-4/22/05
Travel
Lodging
Expense Reimbursement

11.b. Approximate dollar value of such dealing.

\$1,956

12.a. Nature of interest held or income received.

12.b. Amount.

Part B Continuation Page

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8. Name and address of Business (including trade name, if any). Name International Training Institute for the She Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 240 Street 601 N. Fairfax St. City Alexandria State Virginia ZIP Code + 4 22314	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Residential 1 Training 2005 9/18/05-9/25/05 Travel Lodging Expense Reimbursement
	11.b. Approximate dollar value of such dealing. \$598
	12.a. Nature of interest held or income received. 12.b. Amount.

Name of Person Filing Aldo Zambetti

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Sheet Metal Workers LU #19 JATF

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1301 South Columbus Blvd.

City Philadelphia

State Pennsylvania ZIP Code + 4 19147

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Residential 1 Training 2005 9/18/05-9/25/05
Expense Reimbursement

11.b. Approximate dollar value of such dealing.

\$400

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Aldo Zambetti

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Sheet Metal Workers International Unions And

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 601 N. Fairfax St.

City Alexandria

State Virginia ZIP Code + 4 22341

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Unions and Councils Pension

11.b. Approximate dollar value of such dealing.

\$15,814

12.a. Nature of interest held or income received.

12.b. Amount.